



DEPARTMENT OF INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

DAY OF MOVE

NOTIFICATION OF **RESIDENTIAL** COMMUNITY TRANSITION

☐ **Inter-region transfer**

☐ For Change in home only

☐ For Change in Provider

☐ For Change in Home and Provider

To be submitted electronically

Person's Name:	Move Date (Today's Date):

ISC Agency:	
ISC Name:	
Previous Residential Provider:	
New Residential Provider:	

ON THE DAY A PERSON TRANSITIONS, SEND THIS FORM TO THE COMMUNITY TRANSITION
COORDINATOR AT THE DIDD TENNESSEE REGIONAL OFFICE

PLEASE SEND A COPY TO THE ISC AGENCY SO THAT PLANS CAN BE UPDATED- FOR ALL PERSONS
AFFECTED BY THIS TRANSITION.

Provider agency representative(s):

- Please complete the entire form when a person changes residences, but continues to be supported by your agency.
- If a transition between agencies, outgoing provider agency completes section 1.
- If a transition between agencies, receiving provider agency completes section 2.

Section 1:

Previous Address: _____

Will anyone continue to reside in this home? ☐ Yes ☐ No

***Please note that house size changes for all persons affected by this transition must be submitted to the Regional Office on the day of the move.**

If No, do you want to discontinue the site code? ☐ Yes ☐ No Effective Date: _____

Section 2:

Current/New Address: _____

Current/New Phone Number: _____

Address notices and change of representative payee notices, as applicable, for all benefits, such as food stamps, SSI, STRAP, Form 2350, and checking account are complete. ☐ Yes ☐ No

If No, explain: _____

Comprehensive record and all personal documents, including TennCare and Social Security cards, legal papers, birth certificate, etc. are moved with the person. ☐ Yes ☐ No

If No, explain:

All necessary equipment and medication is present. ☐ Yes ☐ No

If No,
explain:

Cross training has been completed. ☐ Yes x ☐ No

If No, explain:

Amount of money transferred with the person (N/A if no change in provider):